		Effe		ober 1, 20		HON HECC	טאינ			• • •	.		
_		CLAIMS /	AS FILED	- PART	1				ENTITY	19	5 706 .		\dashv
_	· .		(Colur	nn 1)	(Column 2)					. OF		ER THAN L ENTITY	
-1	OTAL CLAIM	<u> </u>	21		<u> </u>	•		RATE	FEE		RATE	.FEE ·	1
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA-		ASIC FI	EE 385.0	OF	BASIC FE	E 770.00	7	
7	OTAL CHARGE	ABLE CLAIMS	21- 1	ninus 20=	• }		Γ	X\$ 9≈		OR	X\$18=	1	1
IN	DEPENDENT (CLAIMS	13-	minus 3 =	Ø			X43=		7	Vac	18.0	Ŧ
M	ULTIPLE DEPE	NOENT CLAIM	PRESENT		7		H		-	-JOR		 	4
-	f the differenc	e in column 1 is	less than	zero, enter	*O* in	column 2	ᆫ	145=		JOR	+290=		1
	クノ /	CLAIMS AS A					T	OTAL	·	JOR	TOTAL	758	4
_	114	(Column 1)	-10C110C	(Colum		(Column 3)	. 5	MALL	ENTITY	OR		R THAN ENTITY	ı
4		CLAIMS REMAINING		HIGHE		PRESENT	Τ		ADDI-	_		ADDI-	1
A MENORATION		AFTER AMENDMENT		PREVIO		EXTRA	F	ATE	TIONA	-	RATE	TIONAL FEE	1
	Total	2/	Minus	-2		•—	×	S 9=		OR	X\$18=		1
	Independent	1.3	Minus	1-3	<u>-</u>	•	X	43.	 		X86=	 	ł
_	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM				 	104		 	ł
S	2/57/1	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290 TOTAL ADDIT. FEE OR ADDIT. 1						+290=		l			
J	PS 1/7	(Column 1)		(Calum	- ė\	(Caluma 0)					VOOIT. FEE		ł
ì	-	CLAIMS REMAINING		HIGHE	ST				ADDI-	7 ſ	-	ADDI-	I
		AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA	R/	ATE	TIONAL		RATE	TIONAL	
	Total	23	Minus	-2/	7.	.3		9=	FEE	1 1	· .	FEE	•
	independent	. 3	Minus	- 3		•		_	•	OR	X\$18=	36	
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT C	LAIM		<u>*</u>	13-		OR	X86=		
					•	•	+14	45=	•	OR	+290=		
		•				· ·	ADDI	PEE		OA A	TOTAL	36	
T	N/60///	(Column 1)		(Column	_	(Column 3)		٠.			ب		
	XX/Up	REMAINING AFTER		MUMBE	R .	PRESENT	RA	TE	ADDI- TIONAL	lſ		ADDI-	:
ŀ	7 //	AMENDMENT		PAID FO		EXTRA			FEE	L	RATE	TIONAL	
ŀ	Total Independent		Minus	-0/)	-/-	XS	9=.		OR	X\$18=	•	
ŀ		NTATION OF MU	Minus TIPLE DEP	ENDENT C		·/	X4:	3-		OR	X86=		
			. LE UEF	ENDER! C	. /	 .	+14						
II.	the entry in colum	nn 1 is less than the	entry in colu	nn 2. write 10	in colui	mn 3.		JAL DYAL		L	+290a		
ū	the Triphest Num	nber Proviously Pal	FOR IN THIS	S SPACE is le	es than	20, enser "20."	•	FEE		OR AL	TOTAL DIT. FEE		
•	ाणीन्त्य स्तिस्ति	per Previously Paid	LOL. (LOTS) OL	Independent)	is the h	ighest number to	und in d	he appr	ropriate box	in colum	201 1.	1.	

FORM PTD-675 (Rev. 10/03)

Application or Docket Number